

Psychological Issues in the Management of Diabetes

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Rationale

Medical personnel provide psychosocial treatment

Patients identify psychological problems to medical providers

Psychosocial problems are under-identified in primary care

Awareness of psychological issues is important in treatment

Diabetics are sensitive to psychological issues

Objectives

Identify psychological issues associated with the treatment of diabetes as it relates to:

Distress

Depression

Anxiety

Identify useful psychological and primary care interventions for people with diabetes

Diabetes and Distress

Diabetes and Distress

Diabetes is "one of the most psychologically and behaviorally demanding of the chronic medical illnesses." Cox (1992)

Disruptions to psychological wellness may impact diabetes adversely

High stress can result in higher risk for psychological disorders such as depression and anxiety

An Unremitting Lifestyle

Stress can result in: Incorrect judgments
Reduced motivation for self-care

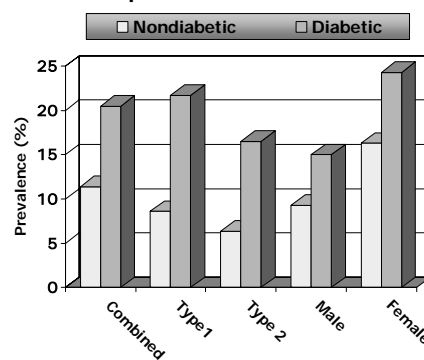
Less attention to diabetic cues

Risky behaviors (alcohol and food binging)

Physiological changes: Blood glucose disruption
Increased risk of complications

Diabetes and Depression

Depression Prevalence



Anderson, Clouse, Freedland, & Lustman, (2001).

Depression Associated with...

Compromised self-management

Substance abuse

Decreased glycemic control

Sub-clinical depression associated with diminished emotional and physical well-being

Depression and Diabetes Complications

Depression correlated with insulin resistance

Small/moderate effect sizes ($r = 0.17 - 0.32$)

Musselman, Betan, Larsen, & Phillips (2003)

Depression: Risk Factor for Diabetes

People with psychiatric disorders have multiple risk factors connected to the development of type 2 diabetes including physical inactivity and obesity.

Even after accounting for: **Age** **Race** **Gender**

Education **Use of health services**

Body weight **Socioeconomic status**

Other psychiatric disorders

Mixed results

Musselman, Betan, Larsen, & Phillips, (2003)

Neuropsychological Function

Depressed diabetics tend to have greater cognitive impairment relative to healthy controls

Greatest differences in attention/information processing speed and executive functioning

Non-sig trend for cognitive scores of diabetic controls to fall between the healthy control and depressed diabetic groups

Watari, et al (2006)

Depression Course in Diabetics

Three-quarters of diabetic patients who recover from an episode of depression suffer a relapse within five years and average four episodes of depression over this period

(Lustman, Griffith, & Clouse, 1996)

Diabetes and Anxiety

Anxiety Disorders

Up to 20% of diabetics

Diabetics have sources and levels of fear greater than many

Fear of hypoglycemia

Fear of diabetic complications

Day-to-day life adjustments

Social tension from caring family

Anxiety Disorders

May decrease quality of life

Interfere with self-care

Under diagnosed and under treated in primary care

Confusion between common physical symptoms of anxiety and hypoglycemia

Misidentification of anxiety disorder as poor adjustment to diabetes

Diabetes and Other Psychological Disorders

Other Psychological Disorders

Schizophrenia

Eating disorders

Substance abuse

Obsessive compulsive disorder

Mental Health Interventions

Interventions

Cognitive Behavioral Therapy Benefit on A1c
 Interpersonal Process Therapy No formal studies
 Coping skills
 Relaxation skills
 Supportive Therapy
 Couples therapy
 Family therapy
 Medication

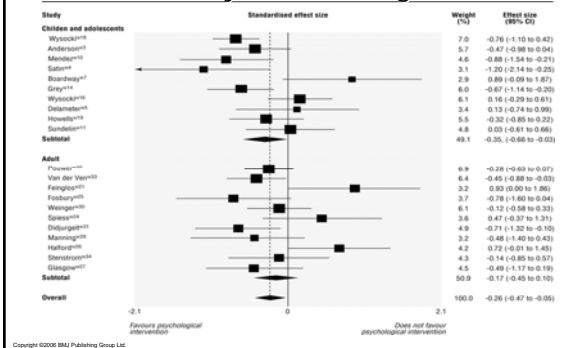
Diabetes Interventions: Type I

Meta-analysis assessing change of glycated hemoglobin after psychological intervention in Type I diabetics

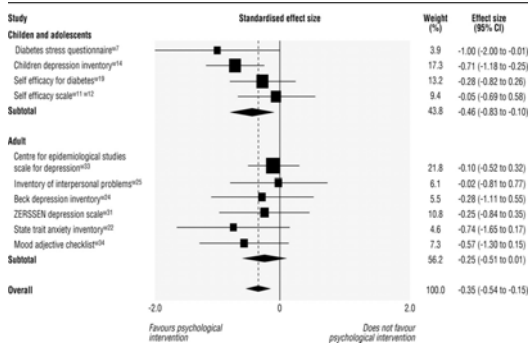
Interventions on adolescents significant
 Weak evidence for Type I Diabetics

Winkley, K., Landau, S., Eisler, I., Ismail, K. (2006)

Effects of Psychological Intervention on Glycated Hemoglobin



Effects of Psychological Intervention on Psychological Distress



Diabetes Interventions: Type II

Meta-analysis: change in glycated hemoglobin after psychological intervention

Most studies reported improvement in glycated hemoglobin, mean decrease of 0.76% HbA1c

When removing studies that used a less intense form of therapy, mean decrease of 1.06% HbA1c

Ismail, K., Winkley, K., & Rabe-Hesketh, S. (2004)

Treatment of Anxiety

Biofeedback

Relaxation training

Psychopharmacological agents can be effective

little info on people with diabetes

Benzodiazepine study with type II diabetics

Decreased anxiety

Warning Flags

Increasing number and severity of diabetes complications

High levels of symptoms that do not correlate with physical or laboratory assessments

Symptom amplification may be associated with depression

Primary Care Interventions

Talking about the difficulties

Acknowledging the difficulty and unpredictability

Sticking points

In the tradition of SOAP notes...

BATHE your Patients

Primary Care Intervention

B – Background

A – Affect

T – Trouble

H – Handling

E – Empathy

B – Background

“What has been happening in your life?”

Avoid yes or no questions like “anything new in your life?”

Often patients will deny any particular stress. May say that nothing has been going on, or the “same old thing.”

Regardless of the patient's answer, go to the next question

A – Affect

“How does it make you feel?”

Adjectives: mad, glad, sad, etc

Need not be justified or explained; just accepted

Therapeutic to give people permission to feel the way they feel

Attentive listening important

Practitioner may suggest similar circumstances many people would feel angry, frustrated, overwhelmed, etc.

T – Trouble

“What about the situation troubles you the most?”

Requires the patient to stop and think, self-reflect

“Aha!” reaction

Practitioners often surprised by the answers

Constitutes definition of the problem, arriving at a solution

Use with positive events too

H – Handling

“How are you handling that?”

Information about possibly destructive coping behaviors

Common response: “not very well”

Sometimes it is more useful to ask, “How could you handle that?”

Empowers patients to arrive at solutions they may not have considered

E – Empathy

Understanding and empathy

Acknowledge the difficulty of the situation

Doing the best that can be expected

Effective psychological support

Closes the inquiry and allows the practitioner to move back to the physical aspects of the patient's problem

Conclusions

Depression and anxiety is more common in people with diabetes

Distress adversely affects diabetes control

Psychological intervention can positively impact depression and anxiety in diabetics

Psychological intervention may positively impact diabetes control

Primary care providers can provide effective psychological interventions

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Questions?

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